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ALBERTA BREAST CANCER SCREENING PROGRAM

POLICY DOCUMENT

**A Report of the
Alberta Breast Screening Policy Council**

ISBN 0-7732-5333-5

June 3, 1997

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June 3, 1997

Dear Mr. Minister:

On behalf of your policy council on Breast Screening for Alberta Women, I respectfully submit our Alberta Breast Cancer Screening Program Policy document.

The experience of being the Chair of this policy council has been challenging and educational. I am thankful for the dedicated Albertans who agreed to be members of the council. I am especially appreciative of their knowledge, experience, and total commitment to developing a program that would provide for an integrated, holistic, woman-centred approach to breast screening for Alberta women.

Breast cancer is a leading cause of death by cancer for Alberta women. It is disturbing and very sad to know that last year in Alberta an estimated 430 women died from breast cancer, and an estimated 1450 women were diagnosed with this devastating disease. It is projected that given our aging population these statistics will increase significantly each year.

Immediate implementation of this comprehensive breast health program would reduce the breast cancer death toll among women who are 50-69 years of age by 30-40%. You must recognize the gravity of this disease and further recognize that only through a provincially coordinated breast cancer screening program, will we prevent the needless loss of lives among countless Alberta women.

Too often over the past 24 months, I found territorial and jurisdictional differences among service providers, affecting the delivery and coordination of breast screening services. These differences must be set aside, if the overall good of the useful recommendations contained within this policy document are to be recognized and acted upon in the best interest of Alberta women.

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I recommend on behalf of the policy council, your most serious consideration to the recommendation contained in section 3.13, recommending that:

"the required amount of funds for the Alberta Breast Cancer Screening Program for Alberta women will be established and separately included in the Ministry of Health budget."

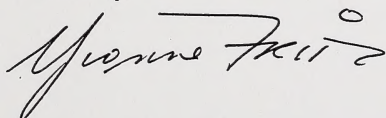
It is recognized that the proposed Alberta Breast Cancer Screening Program will cost money, whether by new funding or a reallocation of existing funds. Members of your council urge you to take immediate steps to evaluate and coordinate the existing budget now available within the Ministry of Health which funds mammography services. It is critical that adequate and proper funding be made available for the implementation of this much needed, worthwhile prevention program.

In conclusion, Mr. Minister, this program description and policy document will guide the policy council in their next step, which is the implementation of the Alberta Breast Cancer Screening Program. It is the goal of the council to have the program begin on April 1, 1998.

Above all, may I commend you for directing attention to the development of a comprehensive breast health program which will reduce the unacceptable number of Alberta women who will die from this horrific disease each year.

Accordingly, this policy document is respectfully submitted to you for consideration and that of your colleagues in government.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Yvonne Fritz', with a stylized flourish at the end.

Yvonne Fritz, M.L.A.

Chair, Alberta Breast Cancer Screening Program

Current Membership

Alberta Breast Screening Policy Council

Ms. Yvonne Fritz	Chair, MLA Calgary Cross
Dr. Heather Bryant	Screen Test: the Alberta Program for the Early Detection of Breast Cancer
Ms. Janet Davidson	Capital Health Authority
Dr. Corinne Dyke	Alberta Medical Association/Alberta Society of Radiologists
Dr. Jean Ference	Alberta Medical Association
Dr. Tony Fields	Alberta Cancer Board
Ms. Phyllis Kane	Calgary Regional Health Authority
Ms. Laura Lea Manser	Canadian Cancer Society
Ms. Laurie Wohland	Lakeland Regional Health Authority
Ms. Penny Young	Public Representative
Ms. Sheila Wasylshyn	Alberta Health

Breast Screening Policy Council policy will then have priority and must be reviewed, reviewed and updated. Quality assurance standards for the Alberta Breast Cancer Screening Program are currently being produced. Clinical practice guidelines for the early detection of breast cancer are being developed in collaboration with the Alberta CPG Program managed by the Alberta Medical Association.

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ALBERTA BREAST CANCER SCREENING PROGRAM

POLICY DOCUMENT

1.0 INTRODUCTION & BACKGROUND

1.1 Introduction

The Alberta Breast Cancer Screening Program will begin on April 1, 1998. The Program is a partnership between Regional Health Authorities, the Alberta Cancer Board, radiologists and other physicians of Alberta through the Alberta Medical Association, and the women of Alberta. This document describes the program background, development, principles, outcome goals and policies.

The policies have been thoroughly researched and are based on current scientific evidence. As research about breast cancer continues and new data becomes available, the Alberta Breast Screening Policy Council recognizes that these policies will need to be monitored, reviewed and updated. Quality assurance standards for the Alberta Breast Cancer Screening Program are currently being produced. Clinical practice guidelines for the early detection of breast cancer are being developed in collaboration with the Alberta CPG Program managed by the Alberta Medical Association.

1.4 Origin of Organized Screening Programs

In Alberta, breast cancer screening services developed along two pathways. Throughout the 1980's, radiologists responding to increased requests from referring physicians, provided an expanded service to improve access to mammography.

1.2 Breast Cancer in Alberta

Breast cancer is a leading cause of death by cancer for Alberta women. In Alberta, it is estimated that in 1997, 1550 women will be diagnosed with breast cancer and 410 will die. Throughout Canada, when compared to all causes of mortality, breast cancer is the leading cause of potential years of life lost. In Canada, in 1997, it is estimated that 18,400 women will be diagnosed with breast cancer and 5,100 women will die of the disease. This means that in Canada, 14 women die of breast cancer every day.

Screening for breast cancer can identify breast cancer early and, thus, allows for a much improved prognosis. Through mammographic screening, the death toll among women aged 50 to 69 years of age can be reduced by 30 to 40 percent.

Population estimates for 1996 indicate that there are 219,505 women in the target age group of 50 to 69 years of age in Alberta. Over fifty percent of these women live in either the Calgary or Edmonton Regional Health Authority areas. There are another 210,165 women in the eligible age group of 40 to 49 years of age as well as 110,235 women age 70 or older.

1.3 Women's Health

Breast cancer screening targeted at women in the 50 to 69 year age group leads to a reduction in mortality from breast cancer of 30 to 40 percent. Mammography is one aspect of breast health. A comprehensive breast health program must include education, and encourage women to practice breast self examination and get a clinical breast examination.

A comprehensive breast health program aims to increase awareness in Alberta women of the benefits of early detection of breast cancer in reducing mortality from the disease. Other aims are to increase the knowledge and skills of Alberta women and health care professionals, and to promote healthy attitudes and practices towards breast health. The program must be sensitive and responsive to the needs of Alberta women for prevention and early detection of breast cancer. A cooperative and collaborative approach in service governance, planning and delivery that recognizes the skills, competencies and expertise of all stakeholders, needs to be demonstrated.

1.4 Origin of Organized Screening Programs

In Alberta, breast cancer screening services developed along two pathways. Throughout the 1980's, radiologists, responding to increased requests from referring physicians, provided an expanded service to improve access to mammography.

In response to concerns that the rapid growth in mammographic technology and capacity be utilized in ways which were likely to result in real decreases in breast cancer mortality with the greatest cost-efficiency, a national workshop was convened in 1988.

An expert group was sponsored by the Canadian Cancer Society, the Department of National Health and Welfare and the National Cancer Institute of Canada, on behalf of the Conference of Federal-Provincial Deputy Ministers of Health, to develop a Canadian Consensus and recommendations for breast cancer screening.

The expert group recommended that *“women aged 50-69 years should be encouraged to participate in breast screening programs”*. The Group also recommended that early detection programs should be operated through *“a program of dedicated screening centres,”* and established on a province-wide basis. A program approach was recommended as it would likely ensure identification and recruitment of the target group, quality control, standardization, appropriate follow-up of women with abnormal findings and the lowest unit cost. In December 1988, the Conference of Deputy Ministers accepted the Report on Breast Screening Programs and its recommendations. They agreed that provinces should pursue the development of breast screening programs.

The spring 1989 Throne Speech announced the Alberta Government’s decision to fund a province-wide screening program. Stakeholders met in June 1989 to discuss opinions and concerns. They identified representatives to serve on an Advisory Committee to develop recommendations for the new program. Their recommendations formed the basis for the ***Screen Test*** Program implemented in Alberta in 1990 and operated by the Alberta Cancer Board.

Most of the provinces acted upon the December 1988 Conference of Deputy Ministers of Health Agreement to pursue the development of breast screening programs in their respective provinces.

1.5 National Forum on Breast Cancer

The Forum, held in 1993, brought together breast cancer survivors, health care professionals, policy makers, researchers and support groups to discuss and set direction for activities and policy.

The themes discussed at the forum included *prevention & screening; treatment & care; research; and support, advocacy & networking*. In the National Forum report, recommendations for study or for action were identified for each of these themes.

A number of common principles emerged. These include:

- ▶ communication at all levels: *better communication which includes the public is needed,*
- ▶ consumer participation: *no group is more important than women who have been diagnosed with the disease, their input is critical,*
- ▶ a holistic approach: *the importance of taking all dimensions of the disease into account is needed,*
- ▶ collaboration & coordination: *the importance of working in a partnership approach and the need for improved coordination at all levels was emphasized, and,*
- ▶ consistency in clinical practice (guideline development): *national practice guidelines are needed to guide treatment and care at all stages of breast cancer.*

The National Forum recommendations for action relating to breast screening are as follows:

- *To provide a level of resources that would enable provincial screening programs to reach at least 70% of the women in the 50 -69 age group, and as close to 100% as possible, and to devote more resources to raising public awareness and directing appropriate information materials to this target group.*
- *To ensure that mammography screening in all provinces and territories is carried out within the context of an organized program which has the following essential components:*
 - *a population-based outcome goal*
 - *information about the target population*
 - *special emphasis on hard-to-reach groups (including rural communities)*
 - *meticulous quality assurance, including equipment and interpretation*
 - *outcome data and analysis*
 - *information systems and linkages*
 - *a woman-centred focus*
 - *excellent coordination, with high-quality diagnosis and follow-up*
- *To develop and deliver information about target age and intervals of mammography screening to women in a balanced and culturally sensitive fashion that allows them to make their own decisions. This involves:*
 - *promoting collaboration at all levels, but particularly between organized screening programs and voluntary agencies on the delivery of appropriate public education messages about mammography screening*
 - *developing an information package for use in the primary care setting with women under age 50 and over age 70, to help them make a truly informed choice. Among other things the information would address the questions of premenopausal women with a family history of breast cancer in a first degree relative*
 - *ensuring that all education materials are developed within a multidisciplinary setting, with strong input from individuals skilled in communications and from user groups.*
- *To hold a consensus meeting of all professional and volunteer agencies involved in the teaching of breast self-examination (BSE) and consumer groups, to identify a uniform message for delivery throughout Canada. Messages carrying the same basic content could then be tailored to the needs of particular audiences.*

Report of the NATIONAL FORUM ON BREAST CANCER

I.6 History of Breast Cancer Screening Services in Alberta

Over the period of twelve years between 1984 and 1996 there has been a rapid increase in the provision of mammographic services across Alberta, from 7,141 mammograms in 1984 to 88,330 in 1996 in private facilities, billed to the Alberta Health Care Insurance Plan (AHCIP). In the period between 1984 and 1996 there was an average annual percentage increase of 23.32% and a grand percentage change over the 12 year period of 1136.94%. These figures represent mammography services overall and include both screening and diagnostic mammograms billed to the Alberta Health Care Insurance Plan. It is estimated that 75% of these services were for screening purposes. These figures do not include mammography performed in hospitals and through Screen Test.

- 1980s** Expansion of mammographic facilities across the province.
- 1989** Minister of Health appoints the Development Advisory Committee to examine the provision of mammographic services in Alberta.
- Jan. 1990** Development Advisory Committee recommends establishment of a provincially coordinated breast cancer screening program. The Committee sets an overall goal to "reduce mortality of breast cancer in women 50-69 years of age by 30 percent within 15 years of full implementation". This Committee includes representation from the Alberta Medical Association, the Alberta Society of Radiologists and the College of Physicians and Surgeons of Alberta.
- Apr. 1990** *Screen Test: the Alberta Program for the Early Detection of Breast Cancer* is announced by the Minister to begin operation in October 1990. It is funded by Alberta Health and administered by the Alberta Cancer Board.
- May 1993** A draft Alberta Health proposal to rationalize provision of screening mammography services is shared with the Alberta Medical Association.
- June 1993** Ministerial Advisory Committee is reconstituted by the Minister of Health to provide recommendations on Alberta women's access to quality breast cancer screening services, and to improve the effectiveness and efficiency of the Breast Cancer Screening Program. Representatives from the Alberta Medical Association, College of Physicians and Surgeons, Alberta Society of Radiologists, Health Unit Association of Alberta, Alberta Cancer Board, Alberta Advisory Council on Women's Issues, Canadian Cancer Society, Alberta Breast Cancer Foundation, Alberta Association of Registered Nurses, Public Health Nurses and the Screen Test Program were included on the Committee.

Nov. 1993 Ministerial Advisory Committee makes recommendations about age, improvements to increase efficiency and effectiveness, accessibility, quality and service delivery models. The Alberta Society of Radiologists tables a dissenting opinion.

Jan. 1994 Alberta Health presents the recommendations of the Ministerial Advisory Committee to the Administrative Council. This proposal recommends that the mandate for breast screening services be given to the Alberta Cancer Board and that screening mammography services be delisted.

Apr. 1994 The Alberta Society of Radiologists presents a proposal for screening mammography services to the Standing Policy Committee on Community Services.

The Alberta Medical Association and Alberta Health representatives on the Administrative Council develop and agree to a joint position statement on screening mammography services. The Alberta Medical Association Board does not approve it.

Nov. 1994 The Minister of Health establishes a Special Task Force to Recommend Changes to Improve Breast Cancer Screening Services in Alberta. The purpose of the Task Force is to recommend an integrated system for the provision of screening mammography services which offers high quality, affordable services and is acceptable to the women of Alberta, Alberta Health, the Alberta Medical Association and Regional Health Authorities. The Minister of Health provided two specific directions to the Chair of the Task Force: i) the delivery system must be restructured so that all screening mammograms are carried out within the context of an organized breast cancer screening program; and, ii) the *Screen Test* program of the Alberta Cancer Board, regional health authorities, and radiologists must all have significant and meaningful roles.

1995 There are 42 mammography units operated by radiologists in freestanding clinics, 3 units operated by the Alberta Cancer Board's *Screen Test* Program and 12 units in hospitals within 9 regional health authorities.

Jan. 1995 The Special Task Force report to the Minister of Health is released. The report calls for the coordination of breast cancer screening activities within a provincial program and the establishment of the Alberta Breast Screening Policy Council to provide provincial direction and policy advice on breast cancer screening within Alberta.

- May 1995** The Minister appoints members to the Alberta Breast Screening Policy Council with a mandate to design and implement an Alberta Breast Screening Program.
- Sept.1995** First meeting of the Policy Council is held in Calgary.
- Dec. 1995** Council Workplan submitted to the Minister of Health.
- Jan. 1996** The Minister of Health approves the Alberta Breast Screening Policy Council Workplan.

1.7 Alberta Breast Screening Policy Council

Ministerial Order 227/95 Terms of Reference

The Alberta Breast Screening Policy Council ("Council") will provide provincial direction and policy advice on breast cancer screening in Alberta.

Roles and Responsibilities

1. To design and implement an "Alberta Breast Screening Program" ("Program").
2. Make recommendations to the Minister on program or policy changes.
3. To provide guidance and direction on program delivery matters to the Regional Health Authorities, the Alberta Cancer Board, and to radiologists and other service providers.
4. To facilitate involvement of radiologists, other service providers and consumers in the policy development process.
5. To recommend to the Minister the budget for the Program.
6. To foster collaboration among Program partners.
7. To establish population-based outcome goals.
8. To establish a Program evaluation process.
9. To develop, implement and maintain clinical practice guidelines.

Original Membership of the Council

Ms. Yvonne Fritz	Chair, MLA Calgary Cross
Dr. Heather Bryant	Screen Test: Alberta Program...Breast Cancer
Dr. Jean Ference	Alberta Medical Association
Dr. Tony Fields	Alberta Cancer Board
Ms. Nanett Mary Franchuk	Capital Health Authority
Ms. Phyllis Kane	Calgary Regional Health Authority
Ms. Laura Lea Manser	Canadian Cancer Society
Dr. Christine Molnar	Alberta Medical Association/Alberta Society of Radiologists
Ms. Laurie Wohland	Lakeland Regional Health Authority
Ms. June Hanton	Alberta Women
Ms. Janet Davidson	Alberta Health
Ms. Irene McDermott	Consultant to the Council

2.0 PROGRAM OVERVIEW

2.1 Alberta Breast Cancer Screening Program

The Alberta Breast Cancer Screening Program will be a population health based program, designed with outcome based goals and monitored using a continuous quality improvement philosophy. It will be a provincially coordinated program which provides education, encouragement and awareness. The program will consist of a network of accredited and dedicated screening services delivered through the regional health authority structures. Although services will be delivered in either public or fee-for-service facilities, all centres and services must meet the policy requirements and quality assurance standards as defined by the Alberta Breast Screening Policy Council. All centres and services providing screening mammography services must also meet the quality assurance standards defined by the College of Physicians and Surgeons of Alberta. This includes participation in the provincial data system and the Canadian Association of Radiologists accreditation program.

Service delivery will take place within the regional health authority structure. Provincial data collection, compilation and analysis, recruitment of target population, program evaluation, and coordination of education initiatives will be integral to the program. Overall program funding will be based on a funding formula which takes into account the number of women in the eligible and target age groups as well as all component parts of program delivery.

Service providers must meet the requirements of the program. In areas without adequate access to screening mammography, the regional health authorities will determine the best approach to providing these services. This could include services through the Alberta Cancer Board, services through fee-for-service radiologists, or referrals to other regions.

Fee-for-service radiologists will bill Alberta Health Care Insurance Plan through a screening mammography fee code which requires adherence to the policies of the Alberta Breast Cancer Screening Program.

2.2 Program Principles

The workplan for the Alberta Breast Screening Policy Council builds on the principles and recommendations of the *Special Task Force To Recommend Changes to Improve the Delivery of Breast Screening Services in Alberta* to develop a holistic, woman-centred, provincial breast cancer screening program.

Overall, the Council believes that the Alberta Breast Cancer Screening Program must be designed to respect the dignity, self-worth, rights and responsibilities of every woman. A woman's health philosophy which provides for an integrated, holistic, woman-centred approach to the program must be considered at every step in the program design and delivery.

THE FOLLOWING PRINCIPLES ARE VIEWED AS CENTRAL TO THE SUCCESS OF BREAST CANCER SCREENING ACTIVITIES:

**1. PROVINCIAL COORDINATION OF BREAST CANCER
SCREENING ACTIVITIES**

There are many dedicated individuals and groups providing breast cancer screening services for Alberta women. Coordination of their efforts is necessary to ensure the delivery of high quality, viable, sustainable breast screening services to the women of Alberta.

The task force recommends a partnership approach to provincial breast cancer screening. There must be a significant and meaningful role in the governance of the program for Regional Health Authorities, the Alberta Cancer Board, radiologists and other physicians through the Alberta Medical Association, the Canadian Cancer Society and consumers.

2. COLLABORATION & COOPERATION

Significant cooperation must occur among providers. Above and beyond that, there must be effective liaison with those providing breast cancer diagnosis, treatment, follow-up and research services; and screening initiatives in other provinces and jurisdictions.

3. REASONABLE & EQUITABLE ACCESSIBILITY

Screening services must be available and publicly funded for women in Alberta for whom there is evidence that it makes a difference. Access must be reasonable, both in terms of waiting lists and geography, and equitable. There must be portability between regions to ensure a woman is able to access services in any region she chooses.

There are a number of groups and individuals currently delivering breast cancer screening services. The use of these existing services must be optimized.

4. OPTIMIZATION OF EXISTING RESOURCES

5. HIGH QUALITY SERVICES

High quality services which incorporate the following must be available:

- a) standards and outcome goals for the professional/medical, technical, environmental, education, structural/safety, consumer satisfaction and data collection aspects of the program;*
- b) a quality assurance system;*
- c) continuous quality improvement; and*
- d) mechanisms to ensure that the program is progressive and provides state-of-the-art services.*

6. EFFICIENT & COST-EFFECTIVE SERVICE DELIVERY

The program for breast cancer screening must be affordable, sustainable and accountable in its program and financial management. In order to facilitate financial accountability in the delivery of the provincial breast cancer screening program, an identifiable budget must be established annually which

incorporates all components of the program.

Not all regions will be best served by the same delivery system. It will be necessary to have flexibility in the delivery and funding systems. However, there is a need to recognize that the factors governing reimbursement for screening mammography need to be equitable across all sectors.

It is essential that a strong consistent message be given by all those involved in breast cancer screening. Education of consumers must be culturally sensitive and respect the values of different communities and ethnic groups. In addition, information about the target population and breast cancer screening clinical practice guidelines must be clearly communicated to health care providers and patients alike.

7. PUBLIC & HEALTH PROVIDER EDUCATION

Public education is a shared responsibility of the Regional Health Authorities, the Alberta Cancer Board, the Alberta Medical Association and a major role of the Canadian Cancer Society. It is important and cost effective for the program to collaborate with the Canadian Cancer Society and other community groups to inform the public.

8. WOMAN-CENTRED & HOLISTIC APPROACH

In keeping with the fundamental principles of a women's health philosophy, the program must provide for an integrated, holistic, woman-centred approach and reflect the dignity, self-worth, rights and responsibilities of every woman.

Women of Alberta are accountable for their own health. To give them the means to act on that accountability, the Minister of Health holds the responsibility for establishing a province-wide breast cancer screening program which is based on the principles of this document. This will give the Legislature ultimate accountability to the women of Alberta for the Alberta Breast Cancer Screening Program.

9. ACCOUNTABILITY

Within this framework the Alberta Breast Screening Policy Council will establish, maintain, and evaluate the province-wide program and report annually to the Minister of Health.

2.3 Program Goals & Outcomes

Holistic/Woman Centred Approach

Goal: Ensure that the program policy provides for an integrated, holistic, woman-centred approach and reflects the dignity, self-worth, rights and responsibilities of every woman.

Policy: That all aspects of the program must ensure an integrated, holistic, woman-centred approach and reflect the dignity, self-worth, rights and responsibilities of every woman.

Overall Program

Goal: Decrease mortality from breast cancer for women in the target age group by 30%, within 10 years of implementation of the program.

Outcomes:

1. Decrease mortality from breast cancer for women in the target age group by 30%, within 10 years of implementation of the program.
2. Improve breast health knowledge, attitudes and behaviours among all Alberta women.
3. Provide an efficient and cost effective system of breast cancer screening services.

3.0 PROGRAM POLICIES

The Alberta Breast Screening Policy Council has prepared the following policy statements to be used to guide the implementation of the Alberta Breast Cancer Screening Program.

3.1 Partnership Structure

The Alberta Breast Cancer Screening Program will be a collaborative program delivered through the Regional Health Authorities and including the Alberta Cancer Board, the Alberta Medical Association and the Government of Alberta. The Alberta Breast Screening Policy Council will provide provincial direction and policy advice on breast cancer screening within Alberta to the Minister. The Alberta Breast Cancer Screening Program will be coordinated on a provincial basis by the Alberta Cancer Board and delivered through the Alberta Cancer Board, the Regional Health Authorities and fee-for-service radiologists.

3.2 Organization/Roles/Delivery

3.2.1 Role of the Alberta Breast Screening Policy Council

- Design and implement an Alberta Breast Screening Program
- Make recommendations to the Minister on program or policy changes
- Provide guidance and direction on program delivery matters to the Regional Health Authorities, the Alberta Cancer Board, and to radiologists and other service providers
- Facilitate involvement of radiologists, other service providers and consumers in the policy development process
- Recommend to the Minister the budget for the Program
- Foster collaboration among Program partners
- Establish and monitor population-based outcome goals which build upon those of the current *Screen Test: Alberta Program for the Early Detection of Breast Cancer*
- Establish and ensure a program evaluation process
- Develop, implement and maintain clinical practice guidelines

- Provide an annual report to the Minister of Health
- Alberta Health will make resources available to support the roles and responsibilities of the Policy Council, as outlined above

3.2.2 PROVINCIAL ROLE: Alberta Cancer Board

- Maintain target population lists
- Coordinate provincial education and recruitment activities
- Collect, coordinate, analyze and appropriately disseminate data related to provincial program activities, including patient outcome related data for quality assurance and to provide appropriate reports to the Policy Council
- Coordinate and collaborate on a national basis with Health Canada and other breast cancer screening provincial programs
- Provide advice to the Alberta Breast Cancer Screening Program with respect to epidemiology, population health, and other screening programs
- Provide screening mammography services consistent with the standards and policies outlined for the Program
- Participate in ongoing quality assurance for the Program
- Participate in the analysis of Program performance
- Provide appropriate data for Program functioning
- Provide education to women participating in the Program, consistent with Program policies
- Provide mobile services in consultation with the regional health authorities

3.2.3 REGIONAL ROLE: Regional Health Authorities

- Ensure appropriate relationships with service providers for provision of screening mammography services consistent with standards and policies outlined for the Program
- Ensure that breast cancer screening services are coordinated and made available to the eligible population within the regions
- Ensure the provision of necessary education programs in collaboration with other provincial breast cancer screening program activities

- Under provincial coordination, ensure recruitment efforts will provide consumers with information about all screening sites and education events within their region
- Work with the Policy Council to provide information on their individual region's values, cultures and consumer concerns which will help identify educational and service needs
- Develop a regional profile with assistance from provincial resources which describes the region's target population and eligible populations
- Provide screening mammography services consistent with the standards and policies outlined for the Program
- Participate in ongoing quality assurance for the Program
- Participate in the analysis of Program performance
- Provide appropriate data for Program functioning to the Alberta Cancer Board
- Provide education to women participating in the Program, consistent with Program policies

3.2.4 ROLE OF THE RADIOLOGIST

- Provide screening mammography services consistent with the standards and policies outlined for the Program
- Participate in setting of professional standards related to the practice of mammography
- Participate in quality assurance of the professional and technical aspects of mammography including aspects of the delivery of service such as patient satisfaction
- Provide medical advice, in concert with other physicians, to the Alberta Breast Screening Program with respect to new technologies and scientific data
- Participate in the analysis of Program performance
- Provide appropriate data for program functioning to the Alberta Cancer Board
- Educate physicians, medical students and medical radiation technologists about the practice of screening mammography consistent with the standards and policies outlined for the Program
- Provide education to women participating in the Program, consistent with Program policies

3.3 Eligible/Target Population

- i. The target age group for the Alberta Breast Cancer Screening Program will be women who are 50 - 69 years of age
- ii. The eligible population will include women in the 40 - 49 year age group and 70 years of age or older group

- iii. The policy for the target and eligible population will be monitored and reviewed, and revised as appropriate. This is currently being considered in a joint initiative of the Alberta CPG Program and the Council.

3.4 Recruitment

- i. Within 5 years of implementation of the provincial program:
 - a minimum of 80% of the overall identified target group be enrolled in the screening program; and,
 - that within the target age group, at least 70% of each identifiable sub group be enrolled in the screening program. Sub-groups will include, but not be restricted to, groups defined by geographic, cultural, socioeconomic and demographic factors.
- ii. Alberta Health will provide the Alberta Cancer Board with an invitational list of women in the target age group, for purposes of recruitment and measurement of recruitment rates
- iii. The provincial program will maximize the number of women in the target age group who are rescreened at the two-year interval, with a minimum standard of more than 90% of women rescreened every two years, at full program implementation

3.5 Program Access

- i. Women within the target group will be able to access breast cancer screening services on a self-referral or a physician referral basis
- ii. Women in the eligible age groups of 40 - 49 and over 70 years of age will be able to access screening services on a physician referral basis
- iii. Healthy eligible women participating in the screening program, who are aged 70 - 79, will be able to continue to self-refer to the program

- iv. Screening mammography will be provided no more frequently than every two years for women in the target group. Discretion will be used for women presenting for follow up screening up to 3 months before their scheduled screening date
- v. The program will offer an opportunity for women, in the eligible/target age groups, to have annual screening mammography on a physician referral basis if they meet certain criteria as defined in Clinical Practice Guidelines (CPGs)
- vi. A periodic review will be undertaken to determine whether Clinical Breast Examination (CBE) should be included as an integral part of the screening program
- vii. Regional Health Authorities will review recruitment rates within their region as defined by the Program and develop strategies to ensure that their recruitment rates meet provincial standards. This review process should include representatives of important stakeholder groups including physicians and representatives of the public
- viii. Women with special needs will have access to the Alberta Breast Cancer Screening Program

3.6 Education

- i. The Program will provide education on breast cancer screening for women, the community, and health care professionals including primary care providers
- ii. Education for the Program will be provincially coordinated
- iii. All women who attend the breast cancer screening program will be informed about screening mammography, breast cancer, clinical breast examination and breast self examination
- iv. Educational materials will be designed to meet the needs of women with special needs
- v. Periodic surveys of Alberta women will be undertaken by the screening program to determine knowledge, attitudes and behaviours about breast cancer and breast cancer screening
- vi. Primary care providers will be aware of the screening recommendations and program activities

3.7 Client Awareness and Responsibility

- i. Women who attend the screening program will consent to all procedures which includes the transfer of their information for clinical and monitoring purposes and program evaluation
- ii. Women will be actively involved in decisions about their own health
- iii. All women attending the screening program will designate a physician to receive their results
- iv. Personnel providing screening services will prepare the woman for mammography and tend to the physical safety and comfort of the woman as well as being sensitive to the psychological needs of the woman during the examination

3.8 Clinical Practice Guidelines

- i. Clinical practice guidelines will be developed for the Program and provided to primary care physicians, radiologists and other health care providers
- ii. A companion document to clinical practice guidelines will be available to women

3.9 Reporting of Results

- i. All screening results will be reported both to the woman and her designated physician
- ii. For normal results, the woman will be informed that mammograms do not detect all breast cancers and therefore she will need to continue to practice breast self examination, report any abnormalities to her physician, and follow up with her physician to ensure that she has a clinical breast examination done annually
- iii. The clinical practice guideline process will address the clinical management of abnormal results

3.10 Evaluation

- i. The Program will be evaluated on an ongoing basis including recruitment rates, education, and other components
- ii. Delivery partners will provide data to the Program to assist in the evaluation

3.11 Quality Assurance

- i. Although services will be delivered in either public or fee-for-service facilities, all centres and services must meet the policy requirements and quality assurance standards as defined by the Alberta Breast Screening Policy Council. All centres and services providing screening mammography services must also meet the quality assurance standards defined by the College of Physicians and Surgeons of Alberta
- ii. The Program will have standards and outcome goals for the professional/medical technical, environmental, education, structural, safety, consumer satisfaction and data collection aspects of the program
- iii. Quality assurance standards for the Program will be reviewed annually and updated standards incorporated as appropriate
- iv. The principles of continuous quality improvement will be used in the Program

3.12 Accreditation

- i. All facilities associated with the Program will require Canadian Association of Radiologists accreditation as a minimum standard

3.13 Budget

The required amount of funds for the Alberta Breast Cancer Screening Program for Alberta women will be established and separately included in the Ministry of Health's budget.

- i. Alberta Health and the Alberta Medical Association will establish a reimbursement schedule for screening mammography which is billed through the fee-for-service sector
- ii. Alberta Health, the Regional Health Authorities and the Alberta Cancer Board will establish the funding mechanisms for screening mammography by service providers who do not bill the fee-for-service system
- iii. Alberta Health will work with the Regional Health Authorities and the Alberta Cancer Board to determine the budget for components of the Program other than screening mammography
- iv. Access to the Program will be reasonable, both in terms of waiting lists and geography, and equitable. There will be portability between regions to ensure a woman is able to access service in any region she chooses
- v. All breast screening services will be publicly funded for all women in the eligible population according to program clinical practice guidelines
- vi. The breast cancer screening program will be affordable, sustainable and accountable in its program and financial management
- vii. Overall costs for the Program will be determined through identification of resources provided for breast cancer screening services by the various partners

3.14 Accountability

- i. The Alberta Breast Cancer Screening Program will be accountable to Minister of Health through the Alberta Breast Screening Policy Council
- ii. An annual report which includes a review of all policies will be prepared and submitted to the Minister of Health by the Alberta Breast Screening Policy Council

3.15 Data Collection/Information Systems/ Technology

- i. The staff and volunteers with the Program will ensure confidentiality of program data and sign an oath of confidentiality
- ii. Wherever practical, central data entry will be done for the Program
- iii. Stewardship of the database will be the responsibility of the Alberta Cancer Board and they will take steps to ensure that confidentiality standards are maintained
- iv. Data management will adhere to the quality assurance standards
- v. Program data will be merged on a regular basis with Alberta Cancer Registry data
- vi. Coordinators for follow up will be designated to ensure that complete information is collected on each person attending the Program
- vii. Timely data collection and reporting of mammographic results will be an expectation for physicians

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